



# Membership Application

## BOXING CANADA

Registration year : \_\_\_\_\_ New  Renewal  Date : \_\_\_\_\_

Provincial Association \_\_\_\_\_ Club: \_\_\_\_\_

Name : \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ Postal Code : \_\_\_\_\_

Telephone : \_\_\_\_\_ Aboriginal heritage YES NO

E-mail : \_\_\_\_\_ Citizenship: \_\_\_\_\_

### Competitor

Initiation	<input type="checkbox"/>	8 & 10
Junior A	<input type="checkbox"/>	11 & 12
Junior B	<input type="checkbox"/>	13 & 14
Junior C	<input type="checkbox"/>	15 & 16
Youth	<input type="checkbox"/>	17 & 18
Elite	<input type="checkbox"/>	19 +

### Other Category

Coach	<input type="checkbox"/>	Level _____
Official	<input type="checkbox"/>	Level _____
Other Non Competitor	<input type="checkbox"/>	_____
Associate Member	<input type="checkbox"/>	_____
Recreational Member	<input type="checkbox"/>	_____

Bouts \_\_\_\_\_ Wins \_\_\_\_\_ Gender Male  Female

(Including kick-boxing and other combat sports)

Date of medical examination: \_\_\_\_\_

Previous involvement in Professional Boxing or any combat sport: \_\_\_\_\_

If Yes, explain: \_\_\_\_\_

### Release and Waiver

In consideration of membership and permission to participate in amateur boxing granted me or my son/ daughter/ waerd by the Canadian Amateur Boxing Association, a non-profit corporation, and its affiliated Provincial/ Territorial Sport-Governing bodies, clubs, coaches, officials, members, agents, officers and employees from all claims, actions, judgements and executions which the undersinged's heirs, executors, administrators, or assigns may have, or claim to have, for all personal injuries, know or unknow, and unjuries to property, real or personal, caused by, or arising out of, the participation in the sports activity of amateur boxing. I, the undersinged fully understand that this sport activity has inherent risks involved, and I am fully aware of the nature of these risks, but waive rights, claims, cause of action ect. as herstofore, and do hereby assume the risk.

I, the undersinged, have read this Release/Waiver and understand all its terms and conditions, I excute it voluntarily and with full knowledge of it significances.

In witness whereof, I have executed this release at \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Witnessed \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Parent or guardian (under 18) \_\_\_\_\_

Medical certificate Attached : YES NO